

Please Note:

Within one application pertaining to one collaborating physician, you may add/delete covering physicians, add/delete practice sites, and request additional skills/drugs. Do not submit more than one application for changes to one collaborative practice.

You cannot modify a collaboration that is pending or temporarily approved or provisionally approved. Only fully approved collaborations can be modified. Changes can be made after full approval.

1. Go to http://abn.alabama.gov/abnonline/Modify_Collaboration_Login.aspx
2. Login with your RN License # and Last 4 of your SSN. **Example:** 1-123456 and 1234
3. If your details are valid, you will see the screen below.



The screenshot shows a web interface with a navigation bar at the top containing tabs: 'Select Physician', 'Demographics', 'Certification', 'Collaboration', 'Regulatory Questions', 'Preview', and 'Preview Pay and Submit'. The 'Select Physician' tab is active. Below the tabs is a large text input field with the placeholder text 'Select Physician To Modify :'. To the right of the input field is a dropdown menu with the text '-Select Physician-'. A red 'Next' button is located at the bottom right of the form.

4. The list of physicians you are collaborating with will be in the dropdown shown in the screen above.
5. Select the physician whose collaboration you wish to modify.
6. The next screen should display your name, address, and contact details. You may make changes to these as desired. Please note that changes to last name will not occur until the Board receives a copy of the legal document changing your name. Click on the "Next" button.

Select Physician	Demographics	Certification	Collaboration	Affirm, Pay and Submit
Personal Information				
<div> <div>Name</div> <div> <div>* First Name : <input type="text" value="Monitoring"/></div> <div>Middle Name : <input type="text" value="Abn"/></div> <div>* Last Name : <input type="text" value="Dummy"/></div> <div>Maiden Name : <input type="text" value="DummyMaiden"/></div> </div> </div>				
<div> <div>Address</div> <div> <div>* Address1 : <input type="text" value="Po Box 3039000"/></div> <div>Address2 : <input type="text" value="3"/></div> <div>* City : <input type="text" value="Montgomery"/></div> <div>* State : <input type="text" value="ALABAMA"/></div> <div>* County : <input type="text" value="Montgomery"/></div> <div>* Zip : <input type="text" value="36139"/></div> </div> </div>				
<div> <div>Contact</div> <div> <div>* Phone # : <input type="text" value="(333) 333-3333"/></div> <div>Alternate Phone : <input type="text"/></div> </div> </div>				

7. The next screen should display your advanced practice certifications on record with the Board of Nursing. Click on the “Next” button.

Select Physician	Demographics	Certification	Collaboration	Affirm, Pay and Submit																		
Certification																						
<table border="1"> <thead> <tr> <th>CertifyOrg</th> <th>Speciality</th> <th>CertificationNumber</th> <th>License Type</th> <th>StartDate</th> <th>EndDate</th> </tr> </thead> <tbody> <tr> <td>AMERICAN NURSES CREDENTIALING CENTER - CRNP</td> <td>ACUTE CARE NP</td> <td>12345678</td> <td>CRNP</td> <td>09/04/2013</td> <td>04/02/2014</td> </tr> <tr> <td>NATIONAL BOARD FOR CERTIFICATION OF HOSPICE AND PALLIATIVE CARE</td> <td>ADVANCED CERTIFIED HOSPICE AND PALLIATIVE CARE NURSE</td> <td>12</td> <td>CRNP</td> <td>03/05/2014</td> <td>03/27/2014</td> </tr> </tbody> </table>					CertifyOrg	Speciality	CertificationNumber	License Type	StartDate	EndDate	AMERICAN NURSES CREDENTIALING CENTER - CRNP	ACUTE CARE NP	12345678	CRNP	09/04/2013	04/02/2014	NATIONAL BOARD FOR CERTIFICATION OF HOSPICE AND PALLIATIVE CARE	ADVANCED CERTIFIED HOSPICE AND PALLIATIVE CARE NURSE	12	CRNP	03/05/2014	03/27/2014
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<input type="button" value="Next"/>																						

8. The next screen will allow you to
- Add/Delete Covering Physicians for the selected primary physician.
 - Add/Delete Practice Sites for the selected primary physician.
 - Request new Skills/Drugs for the collaboration with the selected primary physician.

Select Physician	Demographics	Certification	Collaboration	Regulatory Questions	Preview	Preview Pay and Submit
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Collaboration - Physician

Covering Physician

* Name:

Search Physician

Note: To select a physician, click on "Search Physician" and search by physician name or license #.

* License #:

* Mailing address:

* City:

* State:
ALABAMA
▼

* Zip:

* County:
Select County
▼

* Phone #:

Alternate Phone:

Fax:

Email:

To request new skill or drug, check the box shown below and you will see the list of available skills/drugs to request. Click "Next" to move on with the application process.

Collaboration - Details

☐ Click here to request new skill or drug.

- Please note:** If the covering physician you want to add is not found using the "Search Physician" button, click on the "Add New" to add this physician's detail into our database. Always, enter your search criteria like physician's name/license # and use the "Search Physician" button before you use the "Add New" feature. Otherwise this will duplicate data.

Search Physician

Search Physician

First Name: Last Name :

License #: --Select LicensePrefix--

Add New **Search Physician** **Clear**

Please use the add new button only if the physician you want to add is not already available in our database. Click on " Search Physician " after entering the name/license # of the physician to check if the Physician is available in the database.

10. The next screen has 6 regulatory questions that every applicant must answer. **Please read through the questions carefully before answering.** If you answer “Yes” to any of the questions, a box will appear as shown below to type in your explanations. Please click on “Next” to continue.

Demographics Certification Collaboration **Regulatory Questions** Preview Preview Pay and Submit

Regulatory Questions

1. Since your last collaborative practice application, have you been notified of an active investigation from any Board of Nursing, regulatory agency or law enforcement agency?

☒ Yes ☐ No

Please enter your explanation here :

Next

11. The next screen shows you a “Preview” of your application as it will be submitted to the Board of Nursing. **This will be your last chance to make sure your details are correct** before ABN receives the application. Click on “Next” to continue.

Demographics	Certification	Collaboration	Regulatory Questions	Preview	Preview Pay and Submit
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Preview

Personal Information

Name

* First Name :
Middle Name :
* Last Name :
Maiden Name :

Address

* Address1 :
Address2 :
* City :
* State :
* County :
* Zip :

Contact

* Phone # :

12. The next screen will enable you to submit the application.

13. Please Note:

- Applications with one or more “Yes” answers will not be processed until the Board receives documentation about the same and approves your application.
- You will have the option to print/email your receipt at the end of the application process. Please note that you cannot get the receipt automatically at a later point.